

<p>CLINICAL RECORD</p>	<p>Report on: <u>FUNCTIONAL CAPACITY CERTIFICATE</u></p> <p style="text-align: center;">or</p> <p>Continuation of S.F. <u>-----</u></p> <p style="text-align: center;"><i>(Strike out one line) (Specify type of examination or data.)</i></p>
------------------------	--

**To be completed by Soldier:**

Answer each question by filling in the appropriate circle. Answer all questions. **READ THE QUESTIONS CAREFULLY**, as information provided here constitutes an Official Statement. "YES" answers, in the right hand column, may indicate a physical limitation that warrants further evaluation; a physical profile; or evaluation by a MOS/Medical Retention Board (MMRB). Bracketed numbers, e.g. "[3]" show the associated PULHES number to be entered on your permanent profile.

1. Soldiers may be required to walk 12 miles in combat boots. Do you have a medical condition that prevents you from doing so? Condition:	O YES [2] O NO [1]
If YES (otherwise skip), could you walk 4 miles? O YES [2] * O NO [3]	
2. Soldiers may be required to walk 12 miles with field gear (BDU, helmet, LBE, canteens, protective mask, and weapon, but no rucksack). Do you have a medical condition that prevents you from doing so? Condition:	O YES [2] O NO [1]
If YES (otherwise skip), could you walk 4 miles? O YES [2] * O NO [3]	
3. Soldiers may be required to walk 6 miles with field gear and 40 lb. ruck sack. Do you have a medical condition that prevents you from doing so? Condition:	O YES [2] O NO [1]
If YES (otherwise skip), could you walk ¼ mile with field gear and ruck sack? O YES [2] * O NO [3]	
4. Soldiers may be required to lift and carry 40 lb. (roughly 2 cases of canned soda) a distance of 100 feet. Do you have a medical condition that prevents you from doing so? Medical condition:	O YES [2] O NO [1]
If YES (otherwise skip), could you lift and carry 35 lb. (17" computer monitor) 100 feet? O YES [2] * O NO [3]	
5. Do you have a medical condition that prevents you from being on your feet continuously for 4 hours?	O YES [2] O NO [1]
If YES (otherwise skip), could you remain on your feet for 1 hour? Condition: O YES [2] * O NO [3]	
*If you answered NO to any of the <b>secondary questions</b> above indicated with (*) please complete the following:	
How far could you walk, in boots? _____ with field gear? _____ with field gear and ruck? _____	
How much and how far can you lift and carry? _____ Lbs _____ feet; How long can you remain on your feet? _____	
6. Do you have a medical condition that prevents you from carrying and firing individual assigned weapon?	O YES [3] O NO [1]
If YES (otherwise skip), what is that medical condition? Condition:	
7. Do you have a condition that prevents you from moving at least 2 miles with a fighting load? (48 LBS. Includes wearing a helmet, boots, uniform, LBE, weapon, protective mask, pack etc.)	O YES [3] O NO [1]
If YES (otherwise skip), what is that medical condition? Condition:	
8. Do you have a condition that prevents you from wearing a protective mask and all chemical defense equipment?	O YES [3] O NO [1]
If YES (otherwise skip), what is that medical condition? Condition:	
9. Do you have a condition that prevents you from constructing an individual fighting position? (dig, fill sand bags)	O YES [3] O NO [1]
If YES (otherwise skip), what is that medical condition? Condition:	
10. Do you have a medical condition that prevents you from doing 3-5 second rushes under direct and indirect fire?	O YES [3] O NO [1]
If YES (otherwise skip), what is that medical condition? Condition:	
11. Do you have any medical condition that might prevent you from deploying?	O YES [3] O NO [1]
If YES (otherwise skip), what is that medical condition? Condition:	
12. Do you have a medical condition that prevents you from running or jogging 2 miles?	O YES [2] O NO [1]
If YES (otherwise skip to #7), what is the condition? Condition:	O I can neither run, nor perform alternate aerobic physical fitness test. [4]
If you cannot run or jog, you must perform an alternate aerobic event for the Army Physical Fitness Test (APFT).	
Indicate which alternate events you COULD perform: O WALK [2] O BICYCLE [2] O SWIM [2].	
13. Do you have a medical condition that prevents you from doing push-ups?	O YES [2] O NO [1]
If YES (otherwise skip), what is the medical condition? Condition:	
14. Do you have a medical condition that prevents you from doing sit-ups?	O YES [2] O NO [1]
If YES (otherwise skip), what is the medical condition? Condition:	
<b>NOTE (to 12, 13 and 14):</b> If you only perform an alternative aerobic event and cannot do either push-ups or sit-ups, you will receive a [3].	

Name: \_\_\_\_\_  
 Last, First, MI

SSN: \_\_\_\_\_

Unit: \_\_\_\_\_

**Standard Form 507**

GENERAL SERVICES ADMINISTRATION AND  
INTERAGENCY COMMITTEE ON MEDICAL RECORDS  
FPMR 101-11-80-6-8  
OCTOBER 1975  
US APPC V1.00

15. Do you have any medical condition that prevents you from doing standard aerobic conditioning activities?	<input type="radio"/> YES [2] <input type="radio"/> NO [1]
If YES (otherwise skip), what is that medical condition? Condition:	
Indicate which activity you CANNOT perform: <input type="checkbox"/> Running <input type="checkbox"/> Walking <input type="checkbox"/> Biking <input type="checkbox"/> Swimming	
16. Do you have any medical condition that prevents you from doing upper or lower body weight training?	<input type="radio"/> YES [2] <input type="radio"/> NO [1]
If YES (otherwise skip), what is that medical condition? Condition:	
Indicate which activity you CANNOT perform: <input type="checkbox"/> Upper body <input type="checkbox"/> Lower body	
17. Have you been treated for any mental health condition in the past 5 years?	<input type="radio"/> YES [?] <input type="radio"/> NO [1]
If YES (otherwise skip), what is that medical condition? Condition:	
18. Have you been diagnosed with Asthma? If YES, answer all questions below, otherwise skip to #19	<input type="radio"/> YES [?] <input type="radio"/> NO [1]
a. Have you been admitted to a hospital, visited an emergency department or lost time from work because of an asthma related condition? <input type="radio"/> YES <input type="radio"/> NO If YES, how many admissions? _____ emergency department visits? _____ lost work days? _____ b. Have you taken oral steroid medication (to include inhalers) for your asthma in past 12 mos? <input type="radio"/> YES <input type="radio"/> NO If YES, how many times? _____ x daily; _____ x weekly; _____ x monthly c. If you could use your inhaler beforehand, would <b>your asthma</b> still prevent you from taking (and passing) the 2-mile run event on the APFT? <input type="radio"/> YES <input type="radio"/> NO d. Does your asthma prevent you from wearing a protective mask? <input type="radio"/> YES <input type="radio"/> NO	
19. Do you have a medical condition that requires the use of supplemental oxygen or a breathing assist device?	<input type="radio"/> YES [?] <input type="radio"/> NO [1]
If YES (otherwise skip), what is that medical condition? Condition:	
20. Do you take any medication to control your blood sugar?	<input type="radio"/> YES [?] <input type="radio"/> NO [1]
If YES (otherwise skip), indicate which type: <input type="radio"/> pills <input type="radio"/> shots	
21. Do you currently take any medications?	<input type="radio"/> YES <input type="radio"/> NO
If YES (otherwise skip), what medications? And, what conditions they treat?	
22. Do you currently have a Permanent Profile?	<input type="radio"/> YES <input type="radio"/> NO
If YES (otherwise skip), what is the date of issue? _____ Review date (if >5yrs old): _____	
What is that medical condition? Condition: _____	
What limitations are recommended? _____	
23. Do you currently have a Temporary Profile?	<input type="radio"/> YES <input type="radio"/> NO
If YES (otherwise skip), what is the date of expiration? _____	
What is that medical condition? Condition: _____	
What limitations are recommended? _____	

**Note to examining Physician:**

Your evaluation of a soldier's functional capacity is the initial input into an immensely important process. It advises the Army commanders how they may safely and humanely employ soldiers during training for their combat mission, and it helps identify soldiers whose functional limitations are so severe that they may need job reclassification or physical disability evaluation. Please take the time to review the soldier's responses carefully, especially those involving "YES" answers in the right hand column. Ensure that you have completed the three items below and certified your opinion by signing as indicated.

**1. Examiner's findings:** I find the following diagnoses to contribute to the physical limitations claimed above (if none, indicate so).

**2. Examiner's statement:** "I have reviewed the soldier's functional capacity certificate and CONCUR / DO-NOT-CONCUR with the self-assessment." Please circle the intended response and explain any non-concurrence below.

**3. Are these limitations ☐ PERMANENT or ☐ Temporary?** If temporary, expected duration of limitations is \_\_\_\_\_ days.

Physician's Signature: \_\_\_\_\_ Date of evaluation: \_\_\_\_\_

Printed/Typed Name: \_\_\_\_\_ Area code & Phone Number \_\_\_\_\_

Name: \_\_\_\_\_  
Last, First, MI

SSN: \_\_\_\_\_

Unit: \_\_\_\_\_

**Standard Form 507**

GENERAL SERVICES ADMINISTRATION AND  
INTERAGENCY COMMITTEE ON MEDICAL RECORDS  
FPMR 101-11-80-6-8  
OCTOBER 1975  
US APPC V1.00